

PROFESSIONAL DEVELOPMENT FUNDS GUIDELINES & REQUIREMENTS July 2010 – June 2011



children's home + aid

Children's Home + Aid CCR+R Program



Based on available funding, Children's Home + Aid CCR+R Program is offering funds to support individual pursuit of professional development in early care and education and school-age care. Funds are provided through the Illinois Department of Human Services (IDHS).

1. WHO CAN APPLY?

- Individual practitioners currently employed by center based programs and family home programs that provide care as defined by the Illinois Department of Children and Family Services (IDCFS). Individual practitioners include child care center directors, early childhood teachers/assistant teachers, school age teachers/assistant teachers, family home providers and assistants. In addition, child care center support staff (cook, driver, janitor) when appropriate (e.g., food sanitation course, first aid).
- The child care program/provider must be listed on the Child Care Resource and Referral (CCR&R) referral database and must currently provide services in one of the following Illinois counties: Bond, Clinton, Madison, Monroe, Randolph, St. Clair and Washington.

2. WHAT CAN FUNDING BE REQUESTED FOR?

- Costs associated with conference/workshops: registration fees, lodging, transportation, and mileage as outlined in Step 3A of the application. The conference/workshop must be off-site from your place of employment and must be related to early care and education, school-age care or management. Conferences/workshops in which the Children's Home + Aid CCR+R Program is the fiscal agent (i.e., registration fees are collected by the Children's Home + Aid CCR+R Program) are not eligible for funding.
- Fees associated with the credential processes as outlined in Step 3b of the application. If you are applying for assistance with Advisor Fees, please note the advisor must meet the credentialing body's requirements. Requirements can be found at the credentialing body's website.

3. WHAT CREDENTIALS ARE APPROVED FOR FUNDING? WHERE CAN I FIND MORE INFORMATION ABOUT CREDENTIALS?

- | | | |
|--|--|----------------|
| • Child Development Associate (CDA) | www.cdacouncil.org | 1-800-424-4310 |
| • Certified Child Care Professional (CCP) | www.nccanet.org | 1-800-543-7161 |
| • Gateways Illinois Directors Credential (IDC) | www.ilgateways.com | 1-800-863-0499 |
| • Gateways ECE Credential | www.ilgateways.com | 1-800-863-0499 |
| • Gateways Infant/Toddler Credential | www.ilgateways.com | 1-800-863-0499 |

4. WHAT CAN'T FUNDING BE REQUESTED FOR?

- Conferences/workshops in which the Children's Home + Aid CCR+R Program is the fiscal agent (i.e., registration fees are collected by the Children's Home + Aid CCR+R Program)
- Special events during the conference (e.g., concert, luncheon, etc)
- Out of state conferences/workshops (beyond 50 miles from any Illinois border)
- Conferences/workshops in which the primary focus is political advocacy and/or sectarian (religious) instruction.

5. WHAT ARE FUNDING MAXIMUMS?

- Funding maximums are detailed in Step 3 of the application.

6. WHAT IS THE APPLICATION PROCESS?

- Individuals complete and submit a Professional Development Funds application and provide required supporting documentation.
- As applications are received, priority is given to programs currently caring for children whose care is paid for by the Illinois Department of Human Services Child Care Assistance Program (CCAP), with greater priority given to those with 25% or more of their enrollment consisting of IDHS funded children. **However, you do not have to serve IDHS funded children to apply.**

7. WHAT IS THE DEADLINE FOR SUBMITTING MY APPLICATION?

- Ongoing as funds allow. Year-end deadline: applications and all supporting documentation must be received at Children's Home + Aid CCR+R Program by June 1, 2011.

8. WHAT SUPPORTING DOCUMENTATION IS NEEDED?

- After funding approval, all supporting documentation must be submitted to Children's Home + Aid CCR+R Program within 30 days of the event date and/or completion date to be eligible for future funding.

Workshop/Conferences

- Conference/workshop announcement and/or outline and description
- Receipts for registration fees, lodging, transportation, and mileage
- Certificate of attendance
- W-9 form (the form is available at www.irs.gov)

Credentials

- Receipt/proof of payment (e.g., cashier's check, cancelled check)
- Timeline (see Step 3B on application)
- W-9 form (the form is available at www.irs.gov)
- Credential advisor's resume
- Documentation of hours for credential advisor (to be submitted upon completion of hours)
- Care Course Certificate of Completion and receipt/proof of payment
- Membership receipt/proof of payment

9. HOW IS PAYMENT MADE?

- You will be notified in writing if your application has been approved or denied, and if approved, the amount in which your request was funded.
- Payments will be made and mailed directly to the individual or child care program named in Step 4 Payment Information Section of the application.
- Individuals/programs that receive payment will be responsible for W-9 documentation and taxes.

10. WHERE ARE APPLICATIONS SUBMITTED?

Children's Home + Aid CCR+R Program
Attn: Janice Moenster
2133 Johnson Road
Granite City, IL 62040

11. FOR MORE INFORMATION OR TO ANSWER FURTHER QUESTIONS, PLEASE CONTACT:

- Janice Moenster at 1-800-467-9200, ext. 135

12. DO THE FUNDS NEED TO BE REPAID?

- This is a grant program, which means funds do not generally need to be paid back. However, the grant funds come from the State of Illinois, and certain policies and procedures must be followed.
- In the event that payment is made for a conference/workshop, but you or an alternate are unable to attend, the provider/child care program will need to work with the Children's Home + Aid CCR+R Program regarding the return of funds.
- In the event that payment is made for a credential and the individual withdraws from the process, the individual/child care program will need to work with Children's Home + Aid CCR+R Program regarding the return of funds.

13. WHAT ELSE DO I NEED TO KNOW?

- Only completed applications will be considered
- Applicants must use the provided application for July 2010 – June 2011
- Faxed/electronic applications will not be accepted
- Funding is limited and not guaranteed
- Partial funding may be awarded
- Payment cannot be made until a complete application and all required documents are received

PLEASE NOTE:

- ✓ Starting July 1, 2010 college tuition assistance is being funded through the Illinois Gateways Scholarship Program. Our CCR&R staff can assist you with information regarding college course offerings and Gateways tuition assistance. Information on the Gateways Scholarship Program is also available at www.ilgateways.com or call 866-697-8278.
- ✓ Starting **July 1, 2011** you will need to be a member of the Gateways to Opportunity Registry to access Professional Development Funds. Our CCR&R staff can assist you with information on the Gateways Registry. You can also visit: www.ilgateways.com and click on **Gateways Registry**.

PROFESSIONAL DEVELOPMENT FUNDS APPLICATION FORM July 2010 – June 2011



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Children's Home + Aid CCR+R
2133 Johnson Road, Granite City, IL 62040



- ➔ The current year application form must be used. This application may not be reformatted.
- ➔ Please type or print using black or blue ink
- ➔ Complete all fields; use "NA" if not applicable
- ➔ Please refer to the Professional Development Funds Guidelines and Requirements

I am applying for Professional Development Funds for

- Workshop/Conference Related Costs
 Credentialing Costs: New Renewal

STEP 1: Personal Information (home contact information)

Applicant First Name: _____ Applicant Last Name: _____

Applicant Address: _____ City: _____

State: _____ Zip Code: _____ County: _____

Mailing Address (if applicable): _____ City: _____ State: _____ Zip Code: _____

Phone Number: () _____ Email (optional): _____

Role: Director/Administrator Assistant Director Director/Teacher Teacher Assistant Teacher Substitute/Floater Family Child Care Provider

Family Child Care Assistant Group Family Child Care Provider Group Family Child Care Assistant School-age Child Care Teacher School-age Child Care Assistant Other

Age group YOU currently provide care for (Center staff, check one primary age range; FCC providers check all that apply):

Infants (6 wks. -14 mos.) Toddlers (15-23 mos.) Twos (24-35 mos.) Preschool (3-5 yrs.) School-age (K-12 yrs.)

STEP 2: Work Site Information (complete the following for your current place of employment or family child care business)

Program Name: (If licensed, use the name as it appears on your license): _____

Work Site Address: _____ City: _____

State: _____ Zip Code: _____ County: _____

Mailing Address (if applicable): _____ City: _____ State: _____ Zip Code: _____

Phone Number: () _____ Fax Number: () _____

What date did you begin employment at this site? Month: _____ Date: _____ Year: _____

Address Preference: Use personal address Use program address

Email Address: _____ Personal Program

Program Type: Center Family Child Care Group Family Child Care School-age Program Head Start Preschool for All

What age groups does your program care for (check all that apply):

Infants (6 wks.-14 mos.) Toddlers (15-23 mos.) Twos (24-35 mos.) Pre-School (3-5 yrs.) School-age (K-12 yrs..)

Does the program you work for currently care for children whose care is paid for by the IDHS Child Care Assistance Program? Yes No

If yes, please have the *Program Administrator* complete the following formula to determine the percentage of children in your program receiving IDHS child care financial assistance.

To calculate: Total Number of children with IDHS Financial Assistance DIVIDED by Current total Enrollment MULTIPLIED by 100 EQUALS Percentage of Children Receiving IDHS Assistance. (FCC providers: include your own children, under age 13, in enrollment)				
$\frac{\text{\# of IDHS Children}}{\text{Current Total Enrollment}} \times 100 = \text{Percentage of IDHS Children} \%$				

STEP 3: Funding Request Information

Complete both tables.

I am requesting Professional Development Funds to (check all that apply):	Conference/Workshop	Credential
Implement better practices/program improvements		
Meet DCFS training requirements		
Obtain qualifications for a new position		
To obtain a credential (new or renewal)		
To meet Quality Counts – Quality Rating System certification		
Meet accreditation standards		
Other (list):		

Training Hours and type of credit (check all that apply):	Check Type	# of hours
DCFS clock hours		
Continuing Education Units (CEUs)		
Child Development Associate (CDA) clock hours		
Continuing Professional Development Units (CPDU)		
Other (list):		

A. WORKSHOP/CONFERENCE: (Up to 80% of the costs for: registration, lodging, transportation, mileage with a \$500 maximum per year)

Name of event: _____ Date(s) attending: _____

Location: _____ City: _____ State: _____ County: _____

The maximums listed are per individual per year.

Total Amount(s) Requested	MAX	Amount Requested
<input type="checkbox"/> Workshop /Off-Site Training Registration Fee	80% of Costs	\$
<input type="checkbox"/> Conference Registration Fee	80% of Costs	\$
<input type="checkbox"/> Lodging * see below*	80% of Costs	\$
<input type="checkbox"/> Transportation (train, bus, airfare, cabs)	80% of Costs	\$
<input type="checkbox"/> Mileage: reimbursed at \$0.xx/mile	80% of Costs	\$
<input type="checkbox"/> TOTAL	\$500 max per year	\$

*Lodging: For conferences/workshops that have a special hotel rate, individuals staying at the conference hotel will be reimbursed up to the conference rate.

If only partial funds are available will you complete the activity? Yes No



B. CREDENTIAL: (Up to 90% of the costs for Credential: new or renewal)

	Max	Amount Requested
<i>Child Development Associate (CDA)</i>		
<input type="checkbox"/> Application Packet	90% of Costs	\$
<input type="checkbox"/> Assessment Fee	90% of Costs	\$
<input type="checkbox"/> Second Setting Fee	90% of Costs	\$
<input type="checkbox"/> Membership Fee (limited to CDA renewal candidates)	90% of Costs	\$
<i>Certified Childcare Professional (CCP)</i>		
<input type="checkbox"/> Credential Fee	90% of Costs	\$
<i>Gateways Credentials</i>		
<input type="checkbox"/> Illinois Director Credential (IDC) I II III	90% of Costs	
<input type="checkbox"/> ECE Credential (circle level) 2 3 4 5		
<input type="checkbox"/> Infant/Toddler Credential (circle level) 2 3 4 5		
<input type="checkbox"/> Application Fee	90% of Costs	\$
<input type="checkbox"/> Transcript Evaluation/Review Fee	90% of Costs	\$
<input type="checkbox"/> Portfolio Assessment Fee	90% of Costs	\$
<input type="checkbox"/> Level Advancement Fee	90% of Costs	\$
<input type="checkbox"/> Add-on Credential Fee	90% of Costs	\$
<i>Other</i>		
<input type="checkbox"/> Credential Renewal Fees _____	90% of Costs	\$
<input type="checkbox"/> CARE Courses	90% of Costs	\$
<input type="checkbox"/> Credential Advisor Fees	90% of Costs	\$
<input type="checkbox"/> Credentialing Information Packet	90% of Costs	\$

Attach a written timeline, with dates, that describes how you will reach your goal of obtaining the credential.

STEP 4: Payment Information

Requesting payment be made to: Total Amount Requested: \$ _____

- Applicant Child care program

Make Check Payable To: _____

Address _____ City: _____ State: _____ Zip Code: _____

Applicant Social Security Number/ or FEIN Number (REQUIRED): _____



